

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY
LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC'S**

SECRETARY OF THE SENATE

1. NAME OF COMMITTEE (in full) **Missourians for Kander** USE FEC MAILING OR TYPE OR PRINT **Example: if typing, type over the lines.** **12FE4M5**

ADDRESS (number and street) PO Box 548

☐ Check if different than previously reported (ACC)

Columbia

CITY

MO
STATE

65205

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00572925

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

MO

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For Candidates Only

5. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
and/or Semi-annual Report
- ☒ October 15
Quarterly Report (Q3)
- ☐ January 31
Year End Report (YE)
and/or Semi-annual Report
- ☐ July 31 Mid-Year Report
(Non-election Year -
Party/PAC) (MY) and/or
Semi-annual Report

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Special (12S) ☐ Convention (12C)

This report also covers the semi-annual period

Election on in the State of

☐ See Line 6(b)

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

This report also covers the semi-annual period

Election on in the State of

☐ See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

This report covers 07 14 2016 through 09 30 2016 and/or ☐ January 1 - June 30

☐ July 1 - December 31

Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-Annual Covered Period

40487.57

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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